

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

27958

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 285

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>505 Grant Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 Grant Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Birdie</u> b. (Middle) <u>A.</u> c. (Last) <u>Berghoefter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1950</u>		
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5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 25, 1895</u>		9. AGE (In years last birthday) <u>54</u> Months <u>7</u> Days <u>28</u>		IF UNDER 18 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Librarian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>City of Desloge</u>			11. BIRTHPLACE (State or foreign country) <u>Washington County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S.</u>		
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13a. FATHER'S NAME <u>Charles H. Berghoefter</u>			13b. MOTHER'S MAIDEN NAME <u>Docia Miller</u>			14. NAME OF HUSBAND OR WIFE <u>single</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Williams Desloge, Mo.</u>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma bladder</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>NOX.</u>	

19a. DATE OF OPERATION <u>May 22, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma bladder</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Aug 21, 1950, to Aug 23, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 12:pm on Aug 23, 1950, from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Foster, M.D.</u> (Degree or title)			23b. ADDRESS <u>Desloge Mo</u>			23c. DATE SIGNED <u>8-25-50</u>		
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>		24d. LOCATION (City, town, or county) (State) <u>Farlington, Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>Aug 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.Z. Boyer & Son</u> ADDRESS <u>Desloge, Mo.</u>			
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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP - 4 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed B. T. Boyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Ueslog, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.